



Nebraska Office of Highway Safety (NOHS)  
**Nebraska Child Safety Seat Inspection Station**  
**Certification and Assurances**

In accordance with the requirements set forth by the *Nebraska Office of Highway Safety (NOHS)*, I hereby certify that the organization listed below will compile as a Nebraska Child Safety Seat Inspection Station as listed in the original application form and give my assurances that:

- (1) The Nebraska Child Safety Seat Inspection Station agrees to purchase and distribute child restraints that are certified to meet applicable Federal Motor Vehicle Safety Standards;
- (2) The Nebraska Child Safety Seat Inspection Station agrees to utilize low-income guidelines calculated at 185 percent of the Federal poverty level and seats are only provided to legal U.S./Nebraska residents;
- (3) The Nebraska Child Safety Seat Inspection Station agrees to utilize certified child passenger safety technicians and/or instructors to supervise all child restraint distribution programs;
- (4) The Nebraska Child Safety Seat Inspection Station agrees to utilize certified child passenger safety technicians and/or instructors trained in the NHTSA Standardized Curriculum;
- (5) The Nebraska Child Safety Seat Inspection Station agrees to utilize certified child passenger safety technicians and/or instructors to ensure that appropriate training is provided to the recipients of the seats.
- (6) The Nebraska Child Safety Seat Inspection Station agrees not charge a fee for safety seats provided by the NOHS to be distributed to low-income recipients and any "donations" that may be collected shall not be considered as part of the project activity or as program income;
- (7) The Nebraska Child Safety Seat Inspection Station agrees to distribute safety seats provided by the NOHS to low-income recipients only when the child is present or the woman is pregnant.

<hr/> <i>Signature of Authorized Representative</i>	<hr/> <i>Print or Type Name</i>	<hr/> <i>Date</i>
<hr/> <i>Child Safety Seat Inspection Station</i>		

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Project Manager: \_\_\_\_\_

Return completed form to: Nebraska Office of Highway Safety

Attention: Tim Jasnoch

P.O. Box 94612

Lincoln, Nebraska 68509-4612

Phone (402) 471-2017

FAX (402) 471-3865

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